



Registration Paid _____

Date _____

Director/Assistant Initials _____

**DES Kid Care Registration
2019-2020**

\$10 Registration fee per child is nonrefundable

Return completed form to Kid Care. A separate registration form must be completed for each child planning to attend.

Student _____ M/F _____ Grade _____ Teacher _____

Address _____

Street

Apt#

City

Zip

How many days will your child attend Kid Care per week? _____

Circle the days they will attend. Monday Tuesday Wednesday Thursday Friday

Parent/Guardian: _____ Relationship _____ Cell: _____ Home: _____

Employer : _____ Employer Address _____ Phone: _____

Email: _____

Parent/Guardian: _____ Relationship _____ Cell: _____ Home: _____

Employer : _____ Employer Address _____ Phone: _____

Email: _____

Custodial(s)/Guardian(s) _____

Additional Authorized Emergency/Pickup People

NAME	RELATIONSHIP	TELEPHONE

Child's Health Concerns (Food allergies, disabilities, etc.) :
